

No 125

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Rubeola

1826

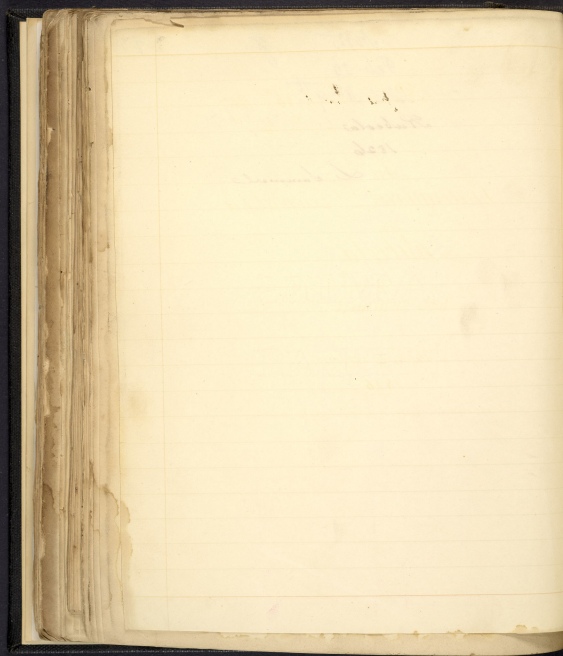
In L. Summer

Rubeola

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Rubeola

1826



Paperd March 26<sup>th</sup> 1827  
W. L. M.

An  
Inaugural Dissertation  
on  
Rubeola  
by  
Lewis Sumner  
of  
Pennsylvania  
1826

"Non recito euiquam, nisi amicis, idque coactus" Hor.

24. Dec 18. 1871  
H. L. L.

Received of  
the Treasurer of the  
Board of Education

for

the sum of

Five pounds

1871

in full of the sum of

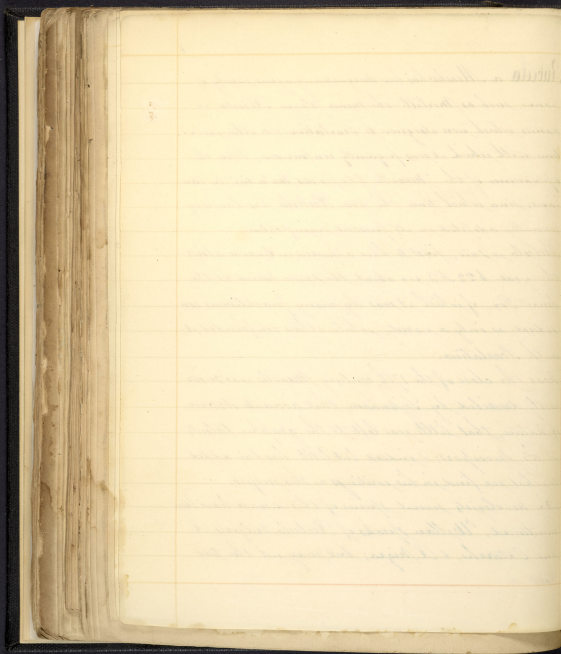
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*Rubela* or Measles, has been designated by a great variety of names, such as, Merblitz, the Minor Plague, Riseda, &c.; names which were also given to Scarlatina, & to other eruptions with which it was frequently confounded, before the appearance of the "Nouvelles Eclipses des Maladies", by Sauvages; since which time the term *Rubela* has been very generally adopted in its present signification.

*Rubela* is said, first, to have appeared in Europe about the year 622 A.D. i.e. about the same period as the Small Pox, of which it was by many practitioners considered as only a variety, while others confounded it with Scarlatina.

Near the close of the 17th century Measles was so correctly described by Sydenham, that accurate observer of nature, that little was left to the graphic talents of his successors; & indeed, but little has been added to what we find in his writings on this subject.

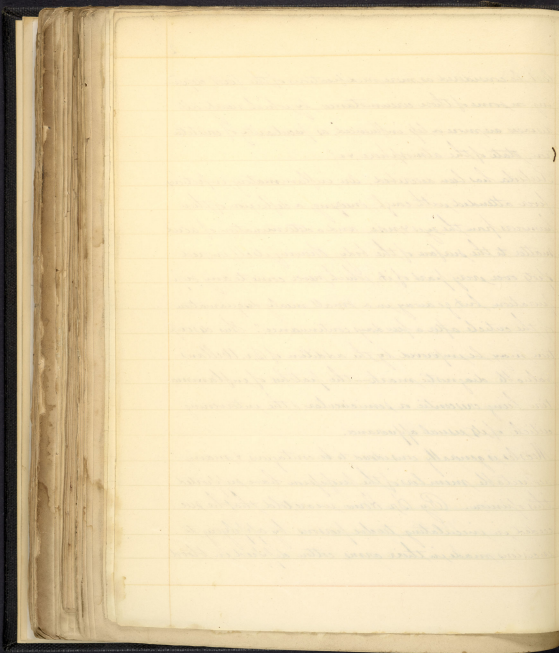
By nosologists several species of this disease have been mentioned. Willan speaks of *Rubela vulgaris*, *R. sine Catarrho*, & *R. nigra*; but may not the two



last be considered as mere modifications of the first, depending on some of these circumstances by which nearly all diseases are more or less influenced, as peculiarity of constitution, state of the atmosphere, &c.?

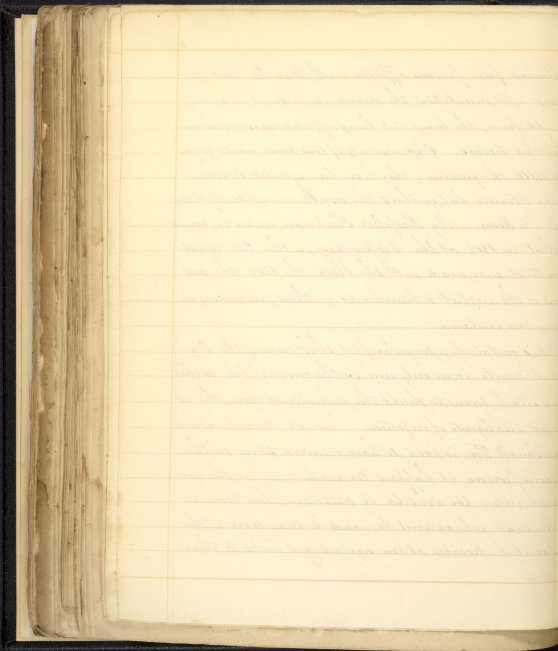
Rubula has been described, "an inflammatory infectious fever attended with cough, sneezing, a defluxion of thin humours from the eyes & nose, and a determination of acrid matter to the surface of the body, showing itself in red spots over every part of it, which never come to any supuration, but go away in a small, mealy desquamation of the cuticle after a few days continuance". This description may be improved by the addition of Dr. Willan's valuable diagnostic mark—the patches of inflammation being crescentic or semicircular, & the intervening cuticle of its usual appearance.

Measles is generally considered to be contagious, & many respectable members of the profession have supported this opinion. By Dr. Horn we are told, that he succeeded in circulating the disease, by applying to incisions made in their arms, cotton dipped in blood



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obtained from persons affected with Measles; that 30 days after inoculation, the disease was induced in a very mild form, the lungs not being affected, as is so common in this disease. Experiments of this kind would go far to settle the question: they have been repeated by other practitioners, but without the results so confidently stated by Dr Hume. By Professor Chapman we are informed that in 1861, at the Dispensary in this City, repeated trials were made with the blood, the tears, the mucus of the nostrils & bronchia, &c. without succeeding in any one instance.

It is certainly a singular fact, that some of the Exanthemata occur only once in the course of life, so that one attack seems to shield the individual from the utmost malignity of infection. Though Measles, as well as Small Pox, is said to have occurred twice in the same person, it happens too rarely to affect the general rule. We are told by Huxham, that some individuals who cannot be made to take some of the eruptive diseases at one age, are yet liable to them



at another. The number of such individuals is probably small. Most persons having measles in early life & thus obtaining the immunity, it is by no means surprising that this disease should be comparatively rare among adults. According to Dr Willan, when no catarrh-al symptoms occur, the susceptibility is not destroyed; & in this case when the efflorescence diminishes, it is not uncommon for a second eruption to occur, accompanied with considerable constitutional disorder.

Measles prevails most commonly during the winter & spring, but may be epidemic at any season. The generally received opinion is, that it occurs as an epidemic every 7 years: in this City, as we are informed by Professor Chapman, it returns since the year 1772, have been septennial, & by no means restricted to the human race—the brute creation suffering at times greatly from it. It is much aggravated by extremes of heat & cold. We are told that Measles & Small Pox occurring together, the latter is delayed until the former has run its course. Dr Pott says, that

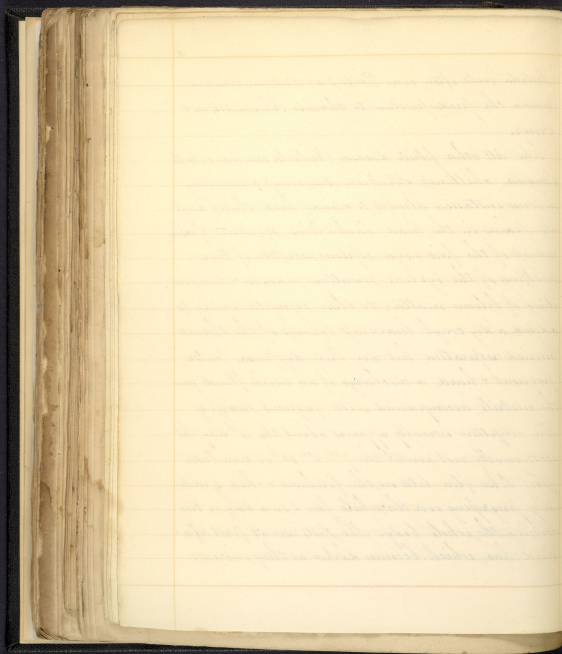
*[Faint, illegible handwriting on lined paper, likely bleed-through from the reverse side.]*

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Rubeola will often cure Pertussis & Intermittents, & remove the predisposition to Chronic Rheumatism & Gout.

Like all other febrile diseases, Rubella commences with languor, chilliness, oppression, shivering amounting in some instances almost to coma, heat, thirst, anxiety, pains in the head, back & loins, sometimes spasms, redness of the face & eyes, copious secretion of tears, swelling of the eyelids, sometimes nausea & even vomiting of bilious matter; to these symptoms may be added, a dry cough, hoarseness, soreness of the throat, hurried respiration, hot dry skin, dyspnoea, pulse frequent & hard, a discharge of an acrid fluid from the nostrils, accompanied with frequent sneezing.

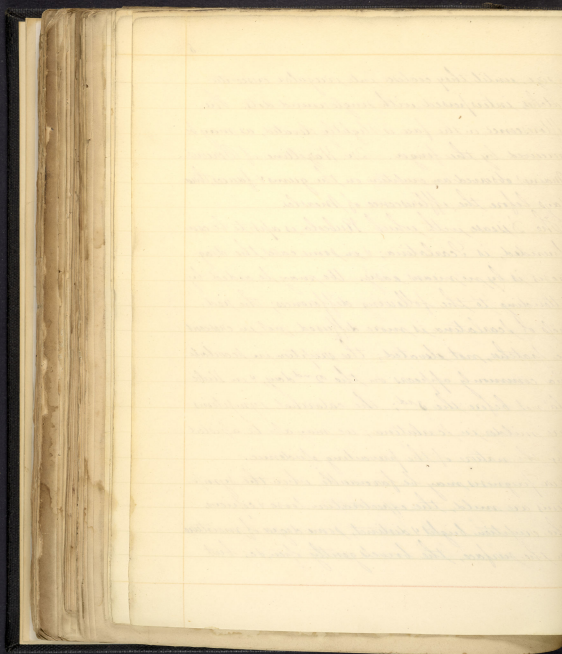
The eruption usually appears about the 4<sup>th</sup> day, tho' occasionally not until the 7<sup>th</sup> or 10<sup>th</sup> or even later, first like flea-bites on the forehead & chin, gradually progressing over the whole face, & in a day or two covering the whole body. The spots are at first of a vivid hue, which becomes darker as they increase



in size, until they coalesce into irregular crescentic patches, interspersed with single round dots. The efflorescence in the face is slightly elevated, as may be perceived by the finger. Dr Hazeltine of Berwick (Maine) observed an eruption on the gums & fauces, three days before the efflorescence of measles.

The Disease with which Rubella is apt to be confounded, is Scarlatina; & in some cases the diagnosis is by no means easy. We may be aided by attending to the following differences; the redness of scarlatina is more diffused, not in crescentic patches, not elevated; the eruption in scarlatina commonly appears on the 2<sup>nd</sup> day, & in Rubella not before the 3<sup>rd</sup>; the catarrhal symptoms are milder in scarlatina; we may also be assisted by the nature of the prevailing epidemic.

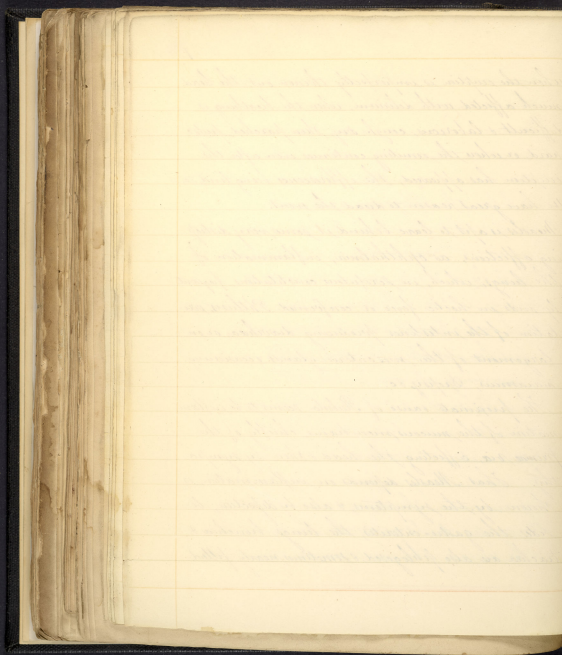
Our prognosis may be favourable, when the symptoms are mild, the expectoration loose & copious, the eruption bright & distinct, some degree of moisture on the surface, the bowels gently open, &c; but



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when the eruption is imperfectly thrown out, the head much affected with delirium, when the breathing is difficult & laborious, cough dry, skin parched, pulse hard, or when the vomiting continues even after the eruption has appeared, the effluence being kind, &c. we have great reason to dread the event.

Measles is apt to leave behind it some very distressing affections, as ophthalmia, inflammation of the lungs, which, in persiculous constitutions, frequently ends in hectic fever or consumptive Phthisis, irritation of the intestines producing diarrhoea, or enlargement of the mesenteric glands occasioning marasmus, Dropsy, &c.

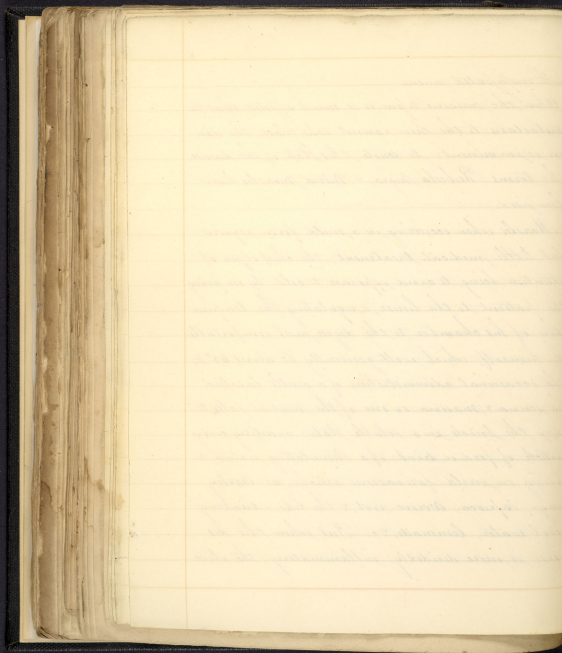
The proximate cause of Rubella seems to be inflammation of the mucous membranes, chiefly of the primæ viæ, affecting the head & skin by sympathy. That Measles depends on inflammation, is shown by the symptoms, & also by dissection; beside the gastro-enteritis, the lungs, bronchia & trachea are also phlogosed, & sometimes nearly filled



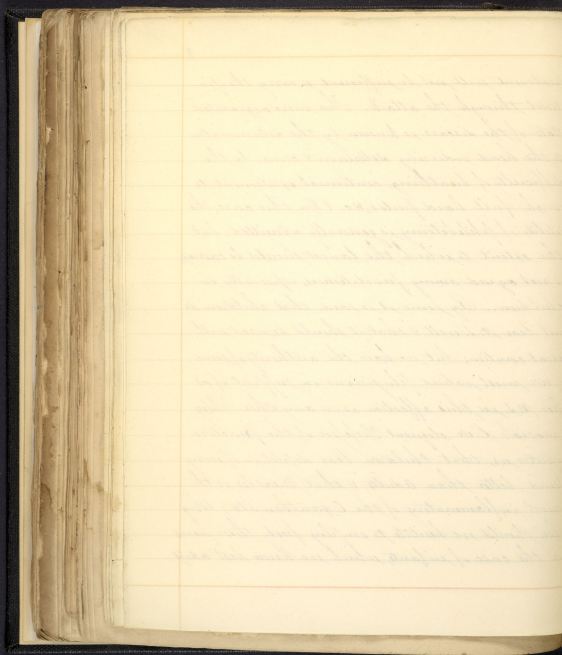
with inspissated mucus.

When the mucous tissue is so much affected that the metastasis to the skin cannot take place, the danger is imminent: to denote this state of the disease, the terms *Rubella nigra*, & *Putrid measles* have been used.

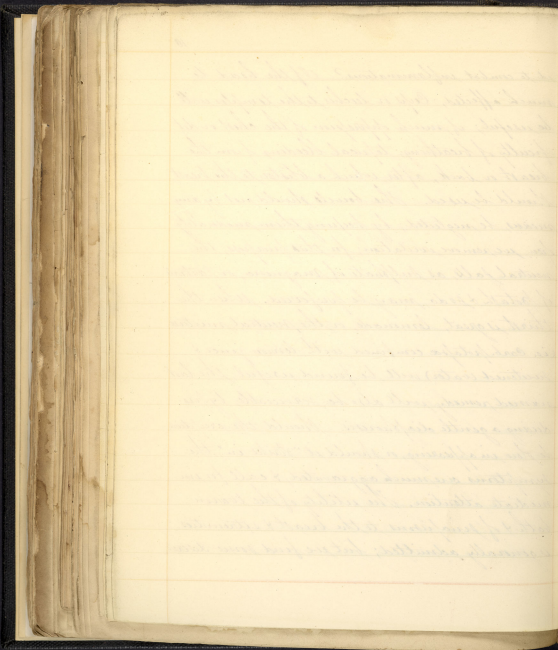
Measles when occurring in a mild form requires but little medical treatment; the chief objects of attention being, to avoid exposure to cold, by confining the patient to the house, & regulating the temperature of his chamber to the degree most comfortable to himself, which will generally be about  $65^{\circ} \text{F}$ ; the occasional administration of a gentle laxative, as senna & manna or one of the neutral salts, to keep the bowels in a soluble state; avoiding every article of food or drink of a stimulating nature, & living on mild farinaceous articles, as Barley sage, Tapioca, Arrow-root, & the like, & drinking cool water, lemonade, &c. But when the disease is more decidedly inflammatory, the above



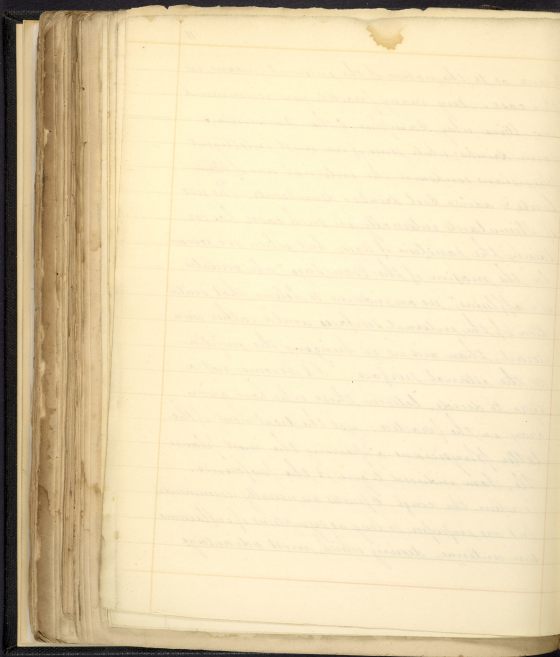
treatment will not be sufficient to carry the patient through the attack. This more aggravated state of the disease is known by the determination to the head inducing delirium & coma, by the difficulty of breathing, continual excitement to cough, full hard pulse, &c. In this case, the utility of phlebotomy is generally admitted; but the extent to which the lancet should be carried, is not agreed among practitioners, especially in children. By some it is said, that children do not bear P. S. well, & that it should be used with great caution; but we have the authority of some of our most valued physicians in support of as free P. S. in this affection as in any other phlog-masia. Our eloquent Professor of the practice assures us, that children bear depletion of every kind better than adults, & that Measles is the most inflammatory of the Exanthemata; Why then should we hesitate to employ freely those means in the case of infants, which we know best adapt



ed to combat inflammations? If the head be much affected, Oils or leeches to the temples will be useful; if much oppression of the chest or difficulty of breathing, topical bleeding from the breast or back, after which a blister to the breast should be used. The bowels should not by any means be neglected; by keeping them moderately open, we remove irritation; for this purpose, the neutral salts, as Sulphate of Magnesia, or tartar of potash & soda, may be preferred. When the thirst is great, lemonade, or the neutral mixture (i.e. Carb. potassæ combined with lemon juice & sweetened water) will be found useful; the last named remedy will also be serviceable, by producing a gentle diaphoresis. Should the eruption be slow in appearing, or should it "strike in," the symptoms are much aggravated, & call for immediate attention. The utility of the warm bath & of pinpoints to the breast & extremities is generally admitted; but we find some discov-



pance as to the nature of the internal means, in  
 this case. Very many practitioners recommend-  
 ing Wine-why, Camphor, Ether, Ammonia, &  
 warm drinks; while some of our most intelligent  
 physicians condemn the internal use of stimu-  
 lants, & advise Cool drinks & demulcents. The use  
 of Stimulants internally, in such cases, has cer-  
 tainly the sanction of Ages; but when we remem-  
 ber the maxim of the Poet "ubi irritatio  
 ibi affluxus," we are induced to believe, that irrita-  
 tion of the internal surfaces would rather coun-  
 teract, than aid us, in bringing the eruption  
 to the external surface. It becomes not a  
 typo to decide, between those who have grown  
 gray in the practice; yet the treatment of the  
 latter physicians appearing the most pleas-  
 able, I am induced to give it the preference.  
 To relieve the cough, Opium is usually recommended,  
 but is improper so long as symptoms of inflamma-  
 tion continue, desiring which, most advantage

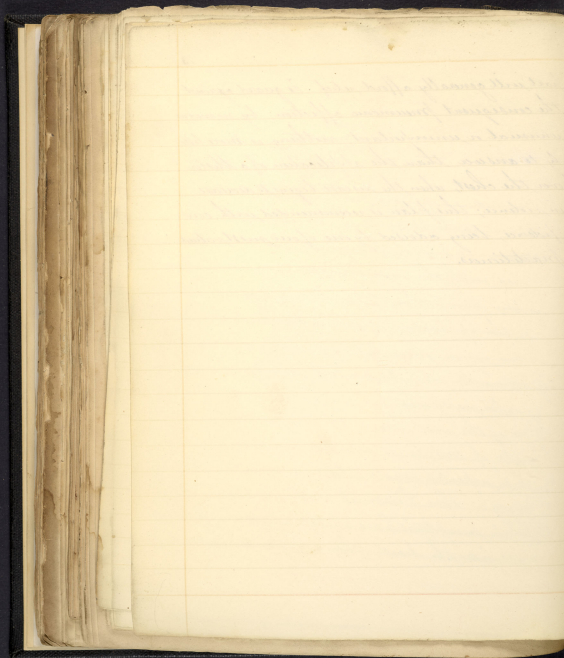


will be derived from demulcent drinks, as barley water, flaxseed tea, thin solution of gum arabic, &c; but the inflammatory symptoms having subsided, the various cough mixtures may be given; that commonly called "Brown Mixture" is generally preferred. Typhoid symptoms appearing, the treatment is the same as for the retrocession of the eruption; A. S. may be required, but should not be used with the same freedom as in the inflammatory state; where phlebotomy is inadmissible, the application of Cups or leeches to the epigastric region, succeeded by a blister, has been found eminently useful; Neutral salts & cool drinks, are also necessary.

One of the most frequent & most distressing sequelae of Rubella, is diarrhoea, for the relief of which, repeated small bleedings are the best remedy. When hoarseness continues, after the febrile symptoms have abated, a few leeches or cups over the throat, then a blister to the same



part, will generally afford relief. To guard against the consequent pneumonic affection, by no means unusual or unimportant, nothing is more likely to answer, than the application of a blister over the chest, when the disease begins to decrease in violence; this plan is recommended with confidence, being advised by one of our most valued practitioners.



Ms. 51

University of Maryland

College Park

March

1885

Received of

the Treasurer

